REPORT

ON THE

ROYAL LUNATIC ASYLUM

OF MONTROSE,

FOR

1871.

INSTITUTED 1782.

MONTROSE:
PRINTED BY WILLIAM RODGERS, HIGH STREET.

1871.

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ERRATA.

Page 3, line 3, for officis read officis

Page 7, line 14, for maintenance of the Property in good condition, and repairs, *read* Maintenance of the Property, in good condition and repair.

Page 9, line 37, for of the 98 men patients, read of the 98 new patients.

Page 13, line 18, for voilent read violent.



LIST OF DIRECTORS.

JUNE 1871.

5	The Provost and Eldest Bailie of Montrose. The First and Second Ministers of the Parish of Montrose. The Right Hon. the Earl of Dalheusie, K.T., G.C.B. The Right Hon. the Earl of Southesk, K.T.
10	W. Macdonald Macdonald, Esq. of Rossie. Sir James Campbell of Stracathro. Alexander Porteous, Esq. of Lauriston. Thomas Renny Tailyour, Esq. of Borrowfield. John Duncan, Esq. of Sunnyside and Parkhill. David Lyall, Esq. of Gallery.
15	Thomas Macpherson Grant, Esq. of Craigo. Hercules Scott, Esq. of Brotherton. J. Duncan Inverarity, Esq. of Rosemount. The Rev. Robert Mitchell, Minister, Craig. Thomas Magringon do St. Cyrus
20	,, ALEXANDER FRIDGE, do., Lunan. ,, ARCH. BUCHANAN, do., Logie-Pert. ,, WILLIAM NIXON, do., Free St. John's, Montrose. ,, John Lister, do., Free St. George's, do. WILLIAM J. STEVEN do. Melville Church do.
25	"John Woodward, do., St. Mary's Chapel, do. "H. E. Preston, do., St. Peter's, "John Stevenson, do., Dun. "Henry Hyslop, do., Montrose. Messrs David Walker, Montrose.
30	Thomas Barclay, do. Robert Walker, do. James M. Paton, do. Francis B. Paton, do. C. H. Millar, do.
35	DAVID MITCHELL, do. CHARLES BIRNIE, do. FRANCIS ABERDEIN, do. ROBERT COOKE, do. JOHN GUTHRIE, do.
40	James Savege, do. George C. Myers, do. Thomas B. Paton, do. Robert Hector, do. Edward Millar, do.
45	ROBERT BARCLAY, do. CHARLES BURNESS, do. ALEXANDER MACKIE, do. WILLIAM MITCHELL, do. JAMES MUDIE, do.
49	DAVID SMITH, do. HENRY HOLLAND, do.
	Annual General Meeting,2nd Tuesday of June.

MONTHLY MEETING,.....1st Tuesday of Each Month.

AT TWELVE O'CLOCK NOON.

Mouse Committee.

DAVID WALKER.
JOHN GUTHRIE.
FRANCIS B. PATON.
ROBERT HECTOR.
T. RENNY TAILYOUR.

MR WALKER, Convener.

Toist of Officens.

JAMES C. HOWDEN, M.D.,
WILLIAM G. BALFOUR, L.R.C.S.E Medical Assistant.
DAVID JOHNSTON, M.D.,
REV. WILLIAM MORTIMER, M.A., Chaplain.
JAMES NIDDRIE,Steward.
Mrs Wright,
Miss Burness,
DAVID PICKIEMAN,
Miss BROWN,Lady Superintendent of Gayfield House.

GEORGE C. CHALMERS, BANKER,

Theasunen.

ADAM BURNES, Solicitor.

Secnetany.

MONTROSE ROYAL LUNATIC ASYLUM. BALANCE ACCOUNT OF THE

Cr.	June 1. By the Royal Infirmary £4400 0 0 0 The Scottish Provident Institution 10,000 0 0 0 The National Bank of Scotland 775 0 0 0 The Patients' Work and Recreation Fund 220 0 0 Stock 16,282 4 2	£31,689 15 6	LOSS ACCOUNT.	June 1. By Balance at Credit of Household Expenses £2253 6 10 \int	£2253 6 10
Dr.	June 1. To Seats in Parish Church 2390 15 7 """ "New Asylum 24,665 12 3 """ "Furniture 2223 10 8 """ "Superintendent's House 1006 2 0 """ "Brechin Gas Light Company 160 0 0 """ "Gayfield House Outlay 160 0 0 """ "Household Expenses—Stock on hand 761 7 2 """ "Boards 13 4 4	£31,689 15 6	Cr. PROFIT AND I	June 1. To Donation to the Infirmary £150 0 0 "" Superioration Allowances on New Asylum, Superintendent's House, and Furniture Accounts	tock



REPORT OF THE HOUSE COMMITTEE OF THE ASYLUM.

The number of Patients at present in the Asylum is 392, of whom 174 are Males, and 218 Females, being a decrease as compared with the previous year of 2 Females, while the number of Males remain the same. In the course of the year, however, from an extension of the Lunatic Wards in the Dundee Poor's-House, 11 Female Patients have been transferred from Sunnyside, so that the decrease on the year is due to an exceptional cause.

There has been no addition made to the Asylum during the year, nor has any operation of any importance been undertaken. Gayfield House continues to be found a most convenient and valuable adjunct

to the Asylum.

Maintenance of the Property in good condition, and repairs have been carefully attended to, and the state of the whole continues satisfactory. The Farm and Grounds have, as in former years, afforded sufficient out-door employment for the Patients, and the cows kept, have also continued to supply the Establishment with milk.

The Asylum has been twice inspected this year, by Medical Members of the General Lunacy Board; and their reports, which were of a favourable character, have been engrossed in the Minutes of your Board, and will form part of the annual printed Report of the

The House Committee have continued their weekly visits to Sunnyside, and they have pleasure in recording their satisfaction with the state of the House and all its arrangements. Dr Howden continues to merit the approbation of the Board, and his subordinate

officers have carefully performed their several duties.

The Committee gratefully acknowledge the kindness of the Misses Carnegie, in having again most liberally garnished the Patients Christmas Tree; and they are indebted to Miss Jamieson for a donation of Books; and to Dr Watson for Cricket Gloves. Also to Mr Boyek and party, Mr Ross and party, the Thistle Lodge of Odd-Fellows, a party of Ladies and Gentlemen from Montrose, and Mr Ballantyne and party, for Concerts; and to the Rev. Mr Stevenson of Dun, the Rev. Mr M'Clure of Marykirk, and Dr Simpson of Marykirk, for Lectures. Thanks are also due to the Rev. W. E. B. Gunn of Montrose, the Rev. James M'Clure of Marykirk, Rev. Alex. Milne of Hillside, and the Rev. Thos. Mitchell, for conducting Divine Service during the indisposition of the Chaplain.

DAVID WALKER, Convener.

MEDICAL SUPERINTENDENT'S REPORT

FOR THE YEAR 1870-71.

TABLE 1.—Showing the Admissions, Re-admissions, Discharges, and Deaths, during the year 1870-71.

	In Asylum on 31st May, 1870. Admitted for the first time		Females.		Males. 174	Females. 220	Total: 394
	during the year, Re-admitted during the year,	33 8	50	83 15			
	tie-admitted during the year,	_			41	57	98
	Total treated during the year Discharged and dead—	,	•••	• • •	215	277	492
-	December 1	Males,	Females. 24	Total.			
	Relieved,	6	7	13			
	Not Improved, Dead,	$\frac{4}{14}$	$\begin{array}{c} 15 \\ 13 \end{array}$	19 27			
					41	<u>59</u>	100
	Remaining in Asylum on 31s	st May	, 1871,	• • •	174	218	392
	Average Number resident du	uring th	ne year,	1	75.5	217:53	

During the year which has just closed, 492 patients were under treatment in the Asylum; and of these 41 have been discharged recovered; 13 relieved; 19 not improved; while 27 died. The total number resident on the 31st May was consequently 392. The number of men is exactly the same as it was at the corresponding date last year, that of the women 2 less. The average numbers daily resident during the year were 175.5 men, and 217.53 women.

ADMISSIONS.

The admissions have been fewer than in any year since 1866-67, owing, no doubt, chiefly to the increased accommodation provided for Pauper Lunatics in connection with the Dundee Poorhouse. No Pauper-Patient has been received from Dundee since September.

On referring to Table IV. it will be seen that the admissions were most numerous in the months of June, July, February, and March, and least numerous in September, November, December, January, and April.

Taking the statistics over four years, that is from the 31st May 1867, I find that the greatest number of admissions (88) in any two consecutive months took place in June and July, and the smallest number in any two (57), in November and December. This corresponds with the observations of various writers on insanity, from Esquirol downwards, which show that more persons become insane, or at least that more insane persons are sent to Asylums in the summer than in the winter months. Another fact indicating that in summer the nervous system is more liable to disturbance than in winter, is a greater frequency of suicide at that period. It is now known that deaths from suicide are more common in June and July, than in the much abused month of November.

If it is true that more persons become insane in summer than in winter, we are naturally led to surmise that the cause of this, in our

climate at least, is the high temperature.

On the other hand, in countries where the annual mean temperature is higher than in ours, insanity is less prevalent; indeed, it appears that in Europe, insanity increases as we travel northward. It is, however, not difficult to reconcile these facts, for we can understand that in a climate like the south of France, Spain, or Italy, heat should not have such a disturbing effect on the system as in Norway or Sweden, where a short hot summer alternates with the extreme cold of winter.

Seven of those admitted were under 20 years of age, and twelve between 60 and 80. While the greatest number in any decade was

between 30 and 40.

The proportion of patients received from the various counties from which we receive patients, has been very much the same as in former years; and, judging from the past ten years, we may expect, when no disturbing element—such as the opening of Lunatic Wards in connection with Poor-Houses, occurs—admissions annually in about the following ratio, viz.: Forfarshire, 75; Kincardine, 13; Caithness, 10; and Shetland, 4.

The excess of females over males from Forfarshire is not so great this year as formerly, there being 28 men and 37 women; this is obviously explained by the small number of Dundee admissions, which consisted chiefly of females. Of the 98 mer patients, 38 are reported to have new been in good physical health on admission, 38 to be in feeble or in-

different health, and 22 to be in bad health.

It may be taken as a rule, liable to very few exceptions, that in acute or recent insanity the physical health is below par. In many cases the mental derangement evidently depends on the existence of some actual bodily disease, as Consumption, Paralysis, or Epilepsy; but in nearly all, a condition exists which, if it cannot be defined as actual disease, cannot on the other hand be called health. nothing can establish this truth more clearly than a comparison of the weight of the patients on admission, with their weight after a short residence in the Asylum. Thus, of 82 patients admitted last year who were weighed on admission and on discharge, or on

tationary, while 63 had gained in weight. It will be observed also, by a reference to Table XIV., that twelve of the 17 who had lost veight were recent admissions, still labouring under acute symptoms, and as pointed out on a previous occasion, up to a certain age in the progress of acute mania, there was a steady loss of weight, the ncrease being contemporaneous with convalesence.

RECOVERIES.

The ratio of recoveries to the admissions in the year is 41.84.

I have again to repeat that the mode of calculating the recoveries from the total admissions, gives but little idea of the curability of nsanity as a recent disease. You may as well expect to bring a dead nan to life, as to restore intellectual vigour to the shrunken brain of one who has passed years in advanced dementia, or to make a porn idiot a wise man. Yet the Demented, the Idiotic, the Epileptic, and Paralytic are all received into our Asylums, and are included in the number of those from whom our recoveries are calculated. A fair illustration of this source of fallacy may be observed in the admissions of 1869-70, and those of 1870-71. Thus, last year out of 120 admitted, 57, or nearly a half, were of the incurable class; while this year, of 98 admitted, only 29, or little more than a fourth, were incurable; it is quite evident, therefore, that a much higher per centage of recoveries may be expected from the admissions of this than of those of the previous year, though the means used for their restoration are exactly the same. Calculating the number recovered on the number of curable cases admitted this year, the ratio is 68 per cent. of men, and 54 per cent. of women. This is, I think, considerably under what the rate will be when spread over a series of years, and is low because of the relative small number of curable cases admitted last year.

I should wish here to make a statement as to the statistics of the curable patients referred to in last report. I then stated† that I was unable to explain why, during the previous two years, a much smaller percentage of curable women than men had recovered; but I had overlooked the circumstance that a large number of women, and very few men had been transferred from Montrose to the New District Asylums of Inverness, Perth, Fife, Stirling, and

Ayr, where many of them have, no doubt, since recovered.

While, on the one hand, it is sad to think that there are so many persons insane requiring to be placed annually in Lunatic Asylums for whom there is no hope of recovery, it must be gratifying to know that of every hundred persons who are attacked with insanity, seventy, or even more, are restored to sanity when placed under circumstances favourable for recovery. I am putting forward no claim for the efficiency of medical treatment, or even for the necessity of

Asylum treatment in recent cases of insanity; it is quite possible that these may recover in as large a proportion when treated at their own homes—we have no means of knowing—but we do know approximately what the rate of recoveries is in those who are sent to Asylums, and our knowledge justifies us in stating that recent insanity, when uncomplicated by organic change in the brain, is a disease in which the probability of recovery is great, and the risk of

death or chronicity comparatively small.

It is searcely necessary to say that the longer insanity, or any other diseased condition having a tendency to become chronic, continues, the hopes of ultimate recovery diminish. Tables IV. and XII. do not shew the actual duration of the disease, but they give the length of time the recovered patients have resided in the Asylum, and shew that 21, or nearly a third of the curable admitted, were admitted in 1870-71, 16 more in 1869-70, while only 4 more had resided for a long period. Table XV. illustrates further as to the improvement in bodily condition in persons on recovery from insanity. 13 of the men who were discharged recovered had been weighed on admission and on leaving. They had all gained, one to the extent of 36 lbs. in seven months, and on the whole 13, the average increase of weight was 14 lbs. 6 oz. Again, 21 women were weighed on admission and recovery, they had all gained but one—a case of hysterical mania, who was in a very plethoric condition when admitted; 1 had gained 31 lbs. in two months; and the 20 had, on an average, gained 15 lbs. 11 oz. during their residence.

PATIENTS REMOVED UNRECOVERED.

Of the unrecovered patients discharged last year, 13 were relieved and 19 unimproved. Of the relieved, 7 were sent home or to reside in private dwellings; 3 were transferred to other Asylums, and 3 went to the Lunatic Wards of the Dundee and Liff and Benvie Poor-Houses. Of those unimproved, 4 were taken to private dwellings, 11 to other Asylums, and 4 to the Lunatic Wards. In all of unrecovered patients, 11 were taken to private dwellings, 14 to other Asylums, and 7 to Poor-Houses.

DEATHS.

The death rate for the past year has been low. Calculated on the average number daily resident, the deaths are in the proportion of 7.96 to every 100 men, and 5.95 to every 100 women. On the total number treated throughout the year, the rate is 6.5 per cent. of the

men, and 4.6 per cent. of the women.

From Table XIII. it will be seen that of the 27 deaths, 14 resulted from diseases of the nervous system, 9 from thoracic diseases, 2 from diarrhæa, 1 from tuberculosis, and 1 from senile decay. 18 of those who died laboured under physical diseases when they were admitted, 2 had general pareisis, 8 paralysis, 5 epilepsy, 1 phthisis, 1 Bright's disease, and 1 hernia.

Though the 18 patients did not all die of the diseases from which they suffered on admission, it is evident that the death rate of an Asylum must be regulated to a great extent by the state of health

of those admitted.

The Medico-Meteorological observations are sumarized in Table XVI. It will be observed that there was a slight epidemic of diarrhœa in August and September. This same epidemic prevailed in the general community, and, as usual on such occasions, the warm weather got the blame of it, though, as a matter of fact, the very hot weather was past, and the autumnal temperature had set in ere the disease became common. In the Asylum there were but 3 cases in July, when the mean temperature was 57.8, and the maximum 75.5. In August, the mean temperature was 2 degrees below July, the maximum $4\frac{1}{2}$ lower, and 7 cases occurred; while in September, when the mean temperature was 5 degrees below July, and the maximum 11 degrees lower, there were 18 cases.

Being desirous of ascertaining how far the general community was affected by the same causes as the inmates of the Asylum, I requested one of the principal druggists in Montrose to look over his books for three months, and to give me some information as to the quantity of diarrhea medicine he had sold in each month. His reply, dated

29th September, 1870, is as follows:—

"In reply to yours of yesterday, there has been considerable difference in the quantity of astringent medicine used during the last three months.

"Infantile Diarrheea was very prevalent during July, but very few adults

were affected in that month.

"Diarrheea has been most prevalent amongst adults in August, and more so in the last two weeks; the first and last weeks of September have been the worst of that month. There was very little of it in the third week; but in the last week there was nearly as much of it as in the last week of the previous month."

Now, on referring to the Meteorological Record, I find that on the 16th of August, about the time when the demand for astringents for adults increased, the minimum temperature fell 6 degrees in 24 hours, and the temperature continued during the last half of the month to be much lower than during the first half. In September, again, the temperature was uniformly lower, but there is nothing in its thermometery to explain why the third week should be more exempt

than the first and last.

The sale of astringent drugs is, I think, a better test of the prevalence of diarrhea than any evidence that could be obtained from medical practioners whose attention had not been specially directed to the subject, because, in the majority of slight cases, drugs may have been used without medical advice. It will be observed that infantile diarrhea was very prevalent in July, though the sale of medicines for adults was small. This fact supports the explanation which I suggested in the report for 1869, of the discrepancy between the proportion of deaths in the general community from Diarrhea in hot weather, and the number of cases occuring in the adult population of an Asylum. I then pointed out that, in the case of Hull, it had

been ascertained, that of the deaths from diarrhæa in hot weather, no less than 90 per cent. took place in children under 12 months old. If anything like the same ratio holds good in the general community, it is evident that the mere number of deaths reported, irrespective of age, can give no idea of the prevalence of this disease in adults at a given period; and it seems probable, though as yet we do not know the proximate causes, that diarrhæa prevails in children who are being suckled, under atmospheric conditions different to those which favour its production in the adult population.

The sanitary condition of the establishment during the year has been satisfactory, and the deaths have, as a rule, resulted from diseases

over which hygiene or medicine had little or no control.

TREATMENT.

In acute and curable forms of insanity, more dependence has been placed in treatment directed to the improvement of the general

health of the patient, than on neurotics.

There are few diseases in which the Physician is more tempted to treat symptoms than insanity. The voilent conduct, the incessant restlessness, the sleeplessness of the maniac are so easily overcome by narcotics that it is hard to believe we are not doing good by administering them; but it should be borne in mind that while we can produce sleep, or rather a species of profound intoxication, by the administration of semipoisonous doses of opium, Indian hemp, or chloral, we are doing nothing to remove the cause of the sleeplessness which is in as active operation when the effect of the drug has passed off as when it was before.

Though we are not at present in a position to define the exact pathology of insanity, few now dispute that it consists in some abnormal condition of the brain, often dependant on disease or disturbed function in some other part of the body. Our attention therefore must be chiefly directed to the restoration of the physical sanity of the patient, and when that object has been accomplished, we may

reasonably expect mens sana in corpore sano.

On the same grounds, the treatment—if such it can be called—of insanity by the use of mechanical restraint or seclusion in dark rooms is, I think, unsound. I quite admit that both modes of repression may sometimes be expedient or even necessary for the saftey of the patient or those around him, but that they can promote the cure of the disease is, I think, more than doubtful.

The recreations of the inmates during idle hours have as formerly received due attention, and the following summary will give an idea of how ennui is kept at bay by the more intelligent members of our

community.

		ASYLU				Classes for Reading, Writing and	
Lectures,	• • •			1 0 0	5	Arithmetic, 5	
Concerts,							13
Dramatic	Enter	tainme	ents,		4	Do. , Dancing, 1	0.

		1	Cricket and Football Matches, 50
Halloween do.,		1	Curling do., 11
		1	Croquet do., 30
		2	· ·
		1	FROM ASYLUM.
Workroom do.,		1	Pic-Nic Parties, 6
Weekly Dances,		45	Parties to Theatre, Concerts, &c.,
Christmas Entertainment,		1	in Montrose, 23
Other Entertainments,		2	
•			348
Workroom do., Weekly Dances, Christmas Entertainment,	• • • •	1 45 1	Pic-Nic Parties, 6 Parties to Theatre, Concerts, &c., in Montrose, 23

Besides the usual attendance at Divine Service in the Chapel of the Asylnm, about twenty patients have been permitted to attend the Village Church each Sabbath.

As to the general condition of the Institution, I may refer you to the Report of Her Majesty's Commissioners in Lunacy, which are

appended.

I have again to tender my grateful thanks to the House Committee for their continued support in the general management of the Institution; to Mr Balfour, the Assistant Medical-Officer, for unwearied exertions in whatever tends to promote the welfare and happiness of the Patients; and to the Officers and Attendants generally, for the conscientious manner in which they have discharged their respective duties.

JAMES C. HOWDEN.

TABLES.

TABLE II.—Showing the Admissions, Re-admissions, Discharges, and Deaths, from 1st June, 1857, to 31st May, 1871, inclusive.

Persons Resident on 1st June, 1857 Persons since admitted for the first time Persons since re-admitted	• = •	Males. 107 728 90	Females. 144 965 130	Total. 251 1693 220	
Total cases treated during the 14 years Discharged or Removed— Males. Females. Recovered 267 402	 Total. 669	925	1239	2164	
$egin{array}{cccccccccccccccccccccccccccccccccccc$	180 384 1				
Died 240 297 Remain	537	751 174	$\frac{1021}{218}$	$\frac{1772}{392}$	

TABLE III.—Showing the Ages of those Admitted and Dead.

			ADMITTE	D.		DIED.	
		Males.	Females.	Total.	Males.	Females.	Total.
Under 20 years		6	1	7	 0	0	0
From 20 to 30 years		8	14	22	 0	2	2
,, 30 to 40,		12	13	2 5	 2	1	3
,, 40 to 50 ,,		3	13	16	 3	1	4
,, 50 to 60 ,,		5	11	16	 2	6	8
,, 60 to 70 ,,	,	5	4	9	 3	2	5
,, 70 to 80 ,,		2	- 1	3	 3	1	4
" 80 to 90 "		0	0	0	 1	0	1
		41	57	98	14	13	27

TABLE IV.—Showing the Admissions and Deaths for each Month and for the Year.

			DMITTE			DEAD.	
-			Females	s. Total.	Males.	Females.	Total
June	 	 5	5	10	 2	2	4
July	 	 4	11	15	 1	2	3
August	 	 2	6	8	 2	1	3
September	 • • •	 3	3	. 6	 1	3	4
	 	 4	4	8	 1	2	3
November	 • • •	 2	5	7	 0	1	1
December	 	 1	3	4	 2	0	2
January	 	 2	4	6	 1	2	3
February	 	 8	2	10	 0	0	0
March	 	 3	7	10	 1	0	1
April	 	 2	3	5	 2	0	2
May	 	 5	4	9	 1	0	1
			-				-
		41	57	98	14	13	27

TABLE V:-Showing Admissions, Discharges and Deaths, with the mean Annual Mortality and proportion of Recoveries per cent: of the Admissions, for each year since the opening of the Asylum:

	ئب	1			——————————————————————————————————————	တ		00	20	₹#	4		62	~	c ₂		6	95		
Percentage of Deaths on Aver.	siden	TI.		<u>ම</u>	12.1	9.8	9.01	12.8	13.5	10.4	7.6	6.4	6.9	<u>&</u>	7.5	7.1	6.6	96.9		
Percentage of eaths on Aver	er Re	E		<u></u>	8.1	9.1	11.4	13.4	11.9	6.6	6.0	6.4	11.5	2.6	6.5	7.5	10.0	5.95		
Per Deatl	Number Resident.	M.		<u></u>	17.1	00 00	9.2	9.11	16.1	11.1	0.3	6.6	2.9	4.9	8.9	6.9	9.2.	96.4		
		Ti.		39.5	6.87	9.08	32.7	32.4	28.5	35-8	33.8	47.7	98.0	42.6	0.23	29.4	43.3	41.78		
itage c	ssions			(a)	9.99	32.7	29.4	3 8.63	31.5 2	44.3	38.8	46.3 4	8 9.98	59.5	30.08	32.0	20.0	42.10 4	<u> </u> 	
Percentage of Recoveries on	Admissions.	H -	<u> </u>																	
		Z.		(g) 	37.1	6.42	36.5	36.4	27.7	27.2	8.92	20.0	30,0	47.8	25.0	7 24.3	2 34.0	3 41.46	_	
mber	.	TI.		<u></u>	238	252	330	414	501	529	532	457	396	359	371	379.77	390.35	393.03		
Average Number	rantsa	Fi		(3)	139	144	184	233	302	313	302	506	212	185	198	207.67	217.56	217.53		
Avera	À	M.		<u></u>											_	172.10	172.76	175. 5 2	i	
	·	TI.		250 (237 199	271 108	373 146	434 181	526 199	522 216	489 230	191	396 179	360 174	371 172	386 17	394 17	392 17	-	-
Remaining.		Fi		143 2	137 2	151 2	206 3	255 4	315 55	297 55	282 48	241 421	200 38	192 3(196 37	217 38	220 38	218 39	-	
Rem		M.		107	100	120 1	167 2	179 2	211 3	225 2	207 2	180 2	187 2	168 1	175 1	169 2	174 2	174 2	-	
		TI.		467 1	30 1	22 1	35 1	53 1	68 2	55 2	50 2	36 1	37 1	32 1	27 1	27 1	38 1	27 1	<u> </u>	1004
, Died.		ᄩ		(a) 4	13	13	21	32	30 98	31	28	17	25	28	13	15	22	13	1	297
		M.		(a)	17	6	14	21	32	24	22	19	12	14	14	12	16	14	İ	240 2
	ved	TI.		206	28	٥.	10	13	6	19	64	62	36	41	34	26	16	19		269
	Notimproved	Ħ		(a)	16	_∞	4	က	70	H	30	41	28	21	21	7	9	15		216
	Noti	M.		(a)	12		9	10	41	∞ ∞	34	21	00	20	13	19	10	4		170
DISCHARGED.	d.	TI.		@	(2)	2	4	12	20	26	21	19	7	15	_∞	11	9	13		169
HAF	Relieved.	드		(Q)	(a)	4	63	H	12	17	12	13	9	70	4	∞	4	<u>r</u>		95
OSIC	EA	M.		(O)	(Q)	က	62	11	∞	0	6	9	H	10	4	က	63	9		74
	ed.	TI.		647	43	53	74	20	75	56	53	43	31	တ္ထ	31	က္သ	52	41		1316
1	Recovered,	E4		(a)	30	18	35	39	52	35	35	56	15	16	18	24	35	24		402
	Re	M.		(a)	13	11	39	31	23	21	18	17	16	22	13	6	17	17		267
d.		TI.		1636	00 00	98	226	219	566	156	157	90	82	83	112	112	120	86		1095 3549
Admitted.		된.		(a)	53	55	119	134	165	7.0	90	54	41	43	09	75	70	22		1095
Ad		M.		(a)	35	43	107	85	101	22	19	36	41	46	52	37	50	41		818
	Year.			1781 to 1857	1857-58	1858-59	1859-60	19-0981	1861-62	1862-63	1863-64	1864-65	1865-66	1866-67	1867-68	1868-69	1869-70	1870-71		TOTAL

(a) Sexes not distinguished during the first 76 years.
(b) Previous to 1860-61, those discharged Relieved are included with the Not Improved, being registered as Uncured.
(c) Average number Resident not ascertained previous to 1857-58.

TABLE VI.—Shewing the History of the Annual Admissions since 1st June, 1857, with the Discharges and Deaths, and the number of each year remaining on 31st May, 1871.

TOTAL	1870-71	1869-70	1868-69	1867-68	1866-67	1865-66	1864-65	1863-64	1862-63	1861-62	1860-61	1859-60	1858-59	1857-58	Previous to May 31, 1857		Year.	
728		41	30	42	41	38 8	బ్బ	56	70	90	81	105	36	32		X	Ca	A
965	50	61	61	53	32	30	41	78	73	154	121	118	43	50			New Cases.	Admitted.
90	000	త	7	10	೮۲	లు	ද්භ	11	7	11	4	19	7	ಲ		M.	Rela Ca	ed.
130	4	9	14	7	11	11	13	12	0	11	13	<u> </u>	12	ಲ		F.	Relapsed Cases,	
1913	98	120	112	112	89	82	90	157	156	266	219	226	98	88		Total		
17	12	ಲು			Н											M.	Re	
24	9	13	Н)—										Ħ	Recovered.	Of
41	21	16	1			Ľ										11.	red.	each
6	Н	12		jul		ŀ⊣			1-4							M.	Re	Of each year's Admissions, Died in 1870
4	. თ	1	1		Н			1								Ħ	Relieved.	s Ad Die
13	4	లు			Н			щ	ĭ							77.	d.	miss ed in
4	<u> </u>	12		j-sl												I.M	Imj	Admissions, Dis Died in 1870-71.
15	10	O1	12	Н	<u> </u>	Н			Н	Н					H	Ħ	Not Improved.	Disc -71.
19	ಲು	7	12	2	<u> </u>	}_			<u> </u>	}_					<u> </u>	H.	ed.	harg
14	4	4	120						ш			ш	1		<u> </u>	¤		Discharged, and -71.
13	లు	<u>ت</u>		12	<u> </u>			<u></u>		<u>г</u>						=	Died.	nd
27	7	9	12	22				<u> </u>	۳	ы		Н	Н		-	11.		
253	12	12	7	13	22	13	13	20	16	35	23	43	14	10			Re	
377	9	29	33	17	11	19	18	26	25	56	49	46	22	17		耳	Recovered.	H
630	21	41	40	30	లు	32	31	46	41	91	72	89	36	.27		71.	red.	Total Discharged and Admiss
76	Н	တ	12	ယ		57	22	oo	13	6	10	12	4	6		M	Re	Disch
97	တ	లు	4	OT	4	ಲು	లు	00	13	21	10	12	ట	OT		Ħ	Relieved.	arge
173	4	6	6	œ	٢0	00	OT	16	26	27	20	24	7	11		11.	ed.	ed and Died Admissions.
148	Ľ	లు	2	12	6	9	9	20	17	18	20	17	2	6	0	M.	Im	l Die
192	22	OT	OT	11	ಲು	6	14	23	14	43	32	21	7	ಲು	ಲು	H	Not Improved.	d of s.
340	ಲು	œ	7	23	9	15	23	43	31	61	52	38	9	9.	ဗ	T1.	ed.	Died of each year's sions.
193	4	10	12	7	6	Οī	o	17	21	26	25	23	17	10	2	M.		year
260	දා	12	16	7	10	7	12	21	17	40	37	32	20	21	OT .	Ħ	Died.	ໝື່
453	7	22	28	14	16	12	20	38	38	66	62	55	37	21	7	11.		
174	23	22	15	18	1	9	12	1/2	10	16	7	12	G	ಲು	16	M.	Ad	Ren
218	40	21	22	20	15	0	7	12	10	٥٦	6	∞	-	7	39	Ħ	Admissions	Remaining of
w i				- 11												-	0.8	, m

TABLE VII.—Showing the Curable and Incurable Admitted during the Year.

Curable Incurable	• • •	 	 Ма 25 16	les.	Females. 44 13	• • •	Total. 69 29
			41		57		98

TABLE VIII.—Showing the Counties whence Patients have come.

					Males		Females	š.	Total.
Aberdeen		• • •			0	• • •	2		2
Caithness	• • •				6		4		10
Edinburgh	• • •	• • •	• • •		1	• • •	1		2
Forfar	• • •	• • •	• • •	•••	28	• • •	37		65
Fife					0	• • •	ĭ	•••	ì
Kincardine	• • •	* * *	• • •	•••	$\overset{\circ}{5}$		8		13
Perth	• • •	• • •	•••	• • •		• • •	$\overset{\circ}{2}$	• • •	3
Shetland	• • •	• • •	• • •	* * *	1	• • •	$\overset{2}{2}$	• • •	$\frac{3}{2}$
Sneuana	• • •	• • •		* * *	0	• • •	2	• • •	2
					4.2				
					41		57		98
l.									

TABLE IX.—Showing the Bodily Condition on Admission of those who died from 1st June, 1870, to 31st May, 1871, inclusive.

Good Indifferent Bad	• •••	•••	• • •	Males. 6 1 7	•••	Females. 4 3 6	• • • •	Total. 10 4 13
70				14		- 13		$\frac{-}{27}$
DISEASE								-
General Paralys	sis			2		0		2
Paralysis				3		5		8
Epilepsy			• • •	4	• • •	1	• • •	5
Phthisis				0	• • •	1		1
Cardiac Disease	***			1		0		1
Albuminuria			• • •	1		0		1
Hernia and Be	d Sores	• • •	• • •	1	• • •	0	• • •	1
F				12		7		19

TABLE X.—Showing the Bodily Condition and Diseases of those Admitted.

Bodily Condition	ι,			Males.		Females.		Total.
Good	• • •	• • •		15		23		38
Indifferent	• 2 •	• • •		15		23		38
Bad	• • •			11		11		22
	• • •	•••	•••		•••		• • • •	
				41		57		98
T				41		57		98
DISEASES	•							
Paralysis			• • •	1		2		3
General Paralysi	S	• • •		2		0		2
Epilepsy				2		1		3
Do. & Phthisis		• • •	• • •	$\bar{0}$	• • •	î	• • •	1
	. 1:	* * *	• • •		• • •	1	• • •	1
Phthisis Pulmon	ans	• • •	* * *	2	• • •	Ţ	• • •	3
· Hœmoptysis		• • •		1		0		1
Emphysema	2		• • •	0		1		1
Cardiac Disease	•			1		2		3
Anœmia				1		$\overline{0}$		
Albuminuria	• • •	• • •	• • •	$\hat{f 2}$	• • •	^	* * *	$\begin{array}{c}1\\2\\2\end{array}$
	• • •	* * *	• • •		• • •	0	* * *	2
Menorrhagia		• • •	• • •	0	• • •	2		
Whitlow				0		1		1
Scabies				1		0		1
				13		11		24
				19		1.1		44

TABLE XI.—Showing the Condition as to Marriage of those Admitted.

I. III. III.	Single Married Widowed	•••	• • •	• • •	Males. 23 14 4	•••	Females: 27 23 7	• • •	Total. 50 37 11
					$\frac{-}{41}$		57		98

TABLE XII.—Showing the Period of Residence of those Recovered and Dead.

1							RECOVER	ED.		DEAD.	
						Males,	Females.	Total.	Males.	Females.	Total,
	Unde	er 1	week		• • •	0	0	0	O	1	1
	,,	2	months			4	3	7	1	2	3
		3	22			2	3	5	0	3	3
	"	4		• • •		3	1	4	1	0	i
	"	$\hat{\bar{5}}$	"			3	ï	$\tilde{4}$	0	Ŏ	ō
	"	6	22	• • •	• • •	ő	$\overline{5}$.	$\hat{\bar{5}}$	ŏ	Ŏ	Õ
İ	"	7	99	• • •	* * *	1	0	1	0	0	0
	"		22	• • •	• • •	1	$\frac{0}{3}$	1	U	0	1
	22	8	"		• • •	7		4	1	0	1
	22	9	"	• • •	• • •	0	2	2	0	0	0
	,,	10	"	• • •	0 14 0	0	0	0	2	0	2
	"	11	"			0	1.	1	3	0	3
	"	1	year			1	1	2	0	1	1
	99	2	,,			0	3	3	4	2	6
	•	3				0	0	0	$\bar{0}$	1	1
	"	4	"			Ó	0	Ŏ	Ŏ	ī	ī
	**	5	"	• • •	• • •	ň	ň	$\overset{\circ}{2}$	ő	Ō	Ō
	22	7	"	• • •		î	Ô	1	0	1	1
	"		22	• • •	• • •	1	•	1	0	1	7
	"	10	"	• • •	• • •	0	0	0	0	1	Ţ
	"	12	22	• • •	• • •	0	0	0	1	0	1
	,,	20	"	• • •	• • •	0	0	0	1	0	1
1							-				
						17	24	41	14	13	27
-											

TABLE XIII.—Showing the Causes of Death during the Year.

· .	Males.		Females.		Tota
General Paralysis,	1		1		2
Paralysis,	1	• • •	3		4
Organic Disease of the Brain,	1	• • •	1		2
Atrophy of Brain,	1		0		1
Apoplexy,	0		2		2
Epilepsy,	2		0		2
Maniacal Exhaustion,	1	• • •	0		1
Thoracic Diseases,—					
Phthisis Pulmonalis,	1	• • •	5	• • •	6
Plearisy and Pneumonia	1		0		1
Gangrene of Lungs,	1	• • •	0	• • •	1
Heart Disease,	1	• • •	0	,	1
Abdominal Diseases,—					
Diarrhea,	1	* * *	0	• • •	1
of Phthisis),	1		0		1
Other Causes,—					
Tuberculosis,	0		1		1
Senile decay,	1		0	* * 3	1
	14		13		27

Post mortem examinations were made in 24 instances.

TABLE XIV:—Showing Weight on Admission and on Discharge, or on 31st May, 1871, of those admitted during the year.

	**************************************		MAI	LES.					
No. in Register.	Form of Insanity.	Age.	Physical Disease on Admission,	Weight in lbs. on Admission.	Weight on Discharge or on 31st May.	Months Resident.	Gain in lbs. Weight.	Loss in lbs. Weight.	Mental State on Discharge or on 31st May.
1753 1756 1756 1756 1761 1776 1778 1784 1784 1794 1794 1794 1803	Do. Monomania of Pride Acute Mania General Paralysis Melancholia Imbecile Acute Mania Do. Hypochondriasis Monomania of Pride Imbecile Mon. of Suspicion Imbecile Mon. of Suspicion Mania Acute Mania Acute Mania Monomania of Sus-	31 63 17 15 23 26	None	119 143 142 132 118 129 125 108 115 128 114 125 143 76 123 133 130 130	132 144 141 139 164 143 133 128 130 137 108 130 165 92 123 145 148 104	$egin{array}{c} 4rac{1}{2} \ 5 \ 11rac{1}{2}rac{3}{4} \ 11 \ 3 \ 8rac{1}{4} \ 8 \ 8 \ 7rac{1}{2} \ 6 \ 6 \ \end{array}$	13 1 7 46 14 8 20 15 9 5 22 16 12 18	6	Recovered Do. Not improved Improved Not improved Recovered Not improved Recovered Do. Not improved Do. Do. Do. Do. Do. Do. Do. Do. Do. Do.
1810 1814 1817 1818	Acute Mania Dementia Monomania of Sus-	52 39 49 20	Do Do Hæmoptysis	137 147 128 148	160 159 137 165	$egin{array}{c} 3rac{1}{4} \ 1rac{1}{2} \ 3rac{3}{4} \ 3rac{1}{2} \end{array}$	23 12 11 17	• • •	Recovered Do. Not improved Recovered
1819 1820 1820 1820 1820 1830 1830 1840 1840 1840	Acute Mania Melancholia Imbecile Mania Melancholia Melancholia Acute Mania Do. Epileptic Insanity Senile Mania Senile Melancholia	38 25 47 33 50 50 38 37 26 65 69 51	None	118 135 117 119 135 158 144 157 144 146 113 98	129 144 133 127 128 161 154 168 157 141 123 106	134 134 314 314 3 212 112 1 3 wks. 3 ,,	11 9 13 8 7 3 10 11 13 	 5	Do. Do. Improved Not improved Do. Do. Recovered Not improved Do. Do. Improved Do. Do.

1			FEM	ALES.					
No. in Register.	Form of Insanity.	Age.	Physical Disease on Admission.	Weight in lbs. on Admission,	Weight on Discharge or on 31st May.	Months Resident.	Gain in lbs. Weight.	Loss in lbs. Weight.	Mental State on Discharge or on 31st May, 1871.
1752 1754 1759 1762 1764 1766 1767 1768 1769 1771 1776 1777 1779 1780 1782 1783 1785 1789 1790 1791 1792 1796 1798 1800 1801 1804 1805 1807 1808 1811 1812 1813 1815 1826 1827 1828 1830 1832 1833 1835 1836 1839 1840 1841 1844 1846 1847	Epileptic Mania . Melancholia Do. Senile Dementia. Melancholia Do. Mon. of Suspicion Melancholia Acute Mania Do. Moral Insanity Acute Mania Do. Do. Mon. of Suspicion Melancholia Gen. Paralysis Mon. of Suspicion Acute Mania Do. Do. Melancholia Do. Puerperal Mania Mon. of Suspicion Epileptic Mania Mon. of Suspicion Melancholia Do. Puerperal Mania Mon. of Suspicion Epileptic Mania Mon. of Suspicion Melancholia Do. Do. Mania Acute Mania Epileptic Mania Puerperal Mania Mon. of Suspicion Imbecile Melancholia Do. Dementia Melancholia Do. Dementia Melancholia Dementia Melancholia	24 68 51 41 73 52 83 942 60 42 60 43 933 42 55 82 742 40 83 942 50 50 50 50 50 50 50 50 50 50 50 50 50	Epilepsy None Do. Do. Do. Do. Do. Do. Do. Do. Do. Do.	119 72 106 94 104 108 83 104 101 119 94 135 108 79 142 99 127 109 113 144 120 97 102 155 123 103 103 103 106 140 100 92 124 106 116 149 96 136 121 108 155 107 115 107 115 107 115 107 122 92		$\begin{array}{c} 2 \\ 19^{\frac{1}{2}} \\ 10^{\frac{1}{2}} \\ 10^{1$	12 37 16 6 2 21 8 7 12 17 31 17 19 16 10 10 6 1 37 10 4 13 5 10 19 19 19 19 19 19 19 19 19 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10		Recovered Not improved Recovered Not improved Do. Do. Do. Improved Recovered Not improved Recovered Do. Improved Not improved Not improved Recovered Not improved Improved Not improved Not improved Not improved Not improved Not improved Not improved Not improved Not improved Not improved Not improved Do. Do. Do. Do. Do. Do. Do. Do. Do. Do.

TABLE XV.—Weight on Admission and on Discharge of those Recovered.

MALES.												
No in Register.	Form of Insanity.	Age.	Weight in lbs. on Admission.	Weight in lbs, on Discharge.	Months Resident.	Gain in lbs. Weight.	Loss in lbs. Weight.					
1753 1755 1778 1784 1814 1820 1834 1749 1763 1810 1819 1733 1818	Acute Mania Do Do Do Do Do Do Do Do Melancholia Do Do Hypochondriasis. Mona. of Suspicion	$ \begin{array}{c} 17\frac{1}{2} \\ 21 \\ 15 \\ 23 \\ 39 \\ 25 \\ 38 \\ 19 \\ 63 \\ 52 \\ 38 \\ 55 \\ 20 \\ \end{array} $	119 143 108 115 147 135 144 109 129 137 118 142 148	132 144 128 130 159 144 154 145 143 160 129 148 165	4½ 5 34 1 1½34 1 2½ 7 3 14434 4 14 3 2 3 2 4 144 3 2 3 2 4 4 144 3 2 5 3 14 5 3 14 6 3 14 7 3	13 1 20 15 12 9 10 36 14 23 11 6 17						

Average Period resident, 3 months 3 weeks. Average gain in weight 14 lbs. 6 oz.

		FE	MALES.				
1690 1700 1774 1776 1777 1741 1728 1615 1752 1798 1656 1718 1750 1762 1805	Acute Mania Do. Do. Do. Do. Mania Do. Intermittent Mania Puerperal Mania Po. Melancholia Do. Do. Do. Do. Do. Do. Do.	23 28 35 42 60 24 32 46 24 30 22 25 35 41 44	118 91 94 108 79 99 117 127 119 123 80 87 91 94 106	124 114 111 139 96 117 146 148 131 133 97 99 120 110 126	$\begin{array}{ c c c }\hline 10\frac{1}{4} \\ 5\frac{1}{4} \\ 5 \\ 2 \\ 1 \\ 2\frac{3}{4} \\ 15 \\ 2 \\ 11\frac{3}{4} \\ 15 \\ 2 \\ 14\frac{1}{2} \\ 3\frac{3}{4} \\ 9\frac{1}{2} \\ 3 \\ 8 \\ \end{array}$	$\begin{bmatrix} 6 \\ 23 \\ 17 \\ 31 \\ 17 \\ 18 \\ 29 \\ 21 \\ 12 \\ 10 \\ 17 \\ 12 \\ 29 \\ 16 \\ 10 \\ \end{bmatrix}$	
			106 116 119 108 113 103 83		$egin{array}{cccccccccccccccccccccccccccccccccccc$		4

Average Period resident, 7 months. Average gain in weight 15 lbs. 11 oz.

TABLE XVI.—Showing the Seizures of Illness from 1st June, 1870, to 31st May, 1871, with the Meteorological Observations.

												,	
Diseases.	June.	July,	August,	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March.	April.	May.	Total.
Apoplexy Congestive attacks in Brain	1	• •	1	2 0		1				1	• •		2
Disease Paralysis Epilepsy Empyema Phthisis	2	• •	1	1	2	4		••	2	• •	••	•••	1 8 1 2
Mania of do Pleurisy and Pneumonia Gangrene of Lung Heart Disease	1	• •	••	÷ •	*.		1	••	1		••	1	1 1 1
Erysipelas Influenza Diarrhœa Maniacal Ex-	3	3	7	18	2	1		1 1 1 	1	• •	•••	• •	1 3 1 33
haustion { Purpura and Diarrheea	•••	••		••	• •			•	••		•••	1	1
Total cases of illness Deaths	6 4	3 3	9	19 4	5 3	6 1	_ 1 2	3 3	4 0	2 1	0 2	2 1	60 27
Meteorological Observations.													
	30.047			30,013							29.804		
Monthly Range Self Registering Thermometer in Shade— Mean	1·2 54·2	·8 57·8	*8	1 '25 52 '7 75	2.1	1.612 39.15	2'45	1.85 33.29	1.073	1'4	1.05	1.15	
Highest Lowest	77· 41·	75.5 42.	55'78 71' 43'	64.5	58° 32°	55° 28°5	147 · 14'		54.5	66° 24°	60.5 23.5	68,	
Direction of Wind N N.E E	1 2 4.5	2 4.5 2.5	7.5 3.5 7.5	1.1.5	2.5 5.5 .5	7.5	9· 4·5 0·	6' 0' 5	2:5 1: 0:	4· 1· 0·	2.5 5. 5.	6· 3·5 1·	
S.E S S.W W N.W	3.5 0 4. 3. 1.2	4. 0. 7.5 4.5 4.5	2. 3. 1.5 5.5	9· 9· 4·	0° 1°5 5° 4° 12°	0 1. 5.5 2.5 13.5	5· 2· 2· 8·	2.5 2. 8. 3. 9.	5.5 1. 5. 6.5 6.5	3.5 .5 12.5 4. 5.5	8.5 .5 3.5 .5 3.5	5.5 6.5 1.5 6.5	
Rainfall in inches	2.98	4.34	•72	2.24	4.92	3.58	5.74	1.	4.35	' 56	5.11	2.12	

REPORT BY SIR JAMES COXE, COMMISSIONER IN LUNACY.

Royal Asylum, Montrose, October 26, 1870.

Since the visit of 25th June, 39 Patients have been admitted, 20 have been discharged, and 14 have died. These results give an increase of 5 in the numbers resident, which at this date are 178 males, and 222 females.

Of the Patients admitted, 11 were Private, and 28 Parochial; and of the latter, 14 were chargeable to Country Parishes of Forfarshire and Kincardineshire, 8 to Dundee, 5 to Caithness, and 1 to Shetland.

Of those discharged, 14 had recovered, 3 were transferred to other

Asylums, and 3 were taken home.

Of the deaths, 6 were due to Phthisis; 7 to Paralysis, Brain Dis-

ease, and epilepsy; and 1 to Diarrhea.

The House—although not crowded to such an extent as to prove prejudicial to health—must be regarded as fully occupied. All available means for meeting the demand for the admission of Parochial Patients are now exhausted, except through the removal of private cases. In the uncertain position which the Asylum holds towards the District, recourse to this step might have a very injurious effect on the financial interests of the Institution, especially in the event of the erection of a new Asylum at Dundee; and this possibility must also render the further extension of the Montrose Asylum a matter of considerable risk.

The fitting remedy for this unsatisfactory condition of affairs appears to be to allot fixed portions of the District to each of the

Asylums, so as to fix their duties and responsibilities.

The House was clean, well ventilated, sufficiently heated, and generally in excellent order. Its general aspect is being materially improved by decorative painting and colouring; and it is intended gradually to increase the number of objects of interest and ornament in the Wards, and to supply additional articles of furniture. an intention which should be persistently carried out, as it has been satisfactorily shown that the mental condition of the inmates of Asylums is most beneficially modified by the improvements of their The contrast between English and Scotch Asylums, in surroundings. the general aspect of the Wards and in the tranquility of the Patients, is generally very much in favour of the former; and there is much reason to think that this result is due to the persistent efforts which have been made in England to surround the Patients with civilizing influences, which in Scotland are generally regarded as uncalled for and out of place for the inmates of District Asylums. There is now no doubt,

however, that the previous habits of many of the Patients in Scotch Asylums render them more intractable than those of the same class in

English Establishments.

The condition of the Patients, as regards clothing, bedding, and personal cleanliness, was satisfactory. The food served during the visit was abundant and of excellent quality; but the manner of its preparation might be more varied, without any increase of cost.

Great attention continues to be given to industrial occupation, to exercise in the country, and to recreation. Very few Patients are restricted to the Airing Courts, and a considerable number enjoy full

freedom on parole.

The Establishment continues to be managed without recourse to seclusion, and with the same satisfactory results. At present, 65 Males and 99 Females are under special treatment for their mental maladies, and due attention is given to the exhibition of medicines. As a rule, however, reliance is placed chiefly on the improved position which the Patients enjoy as regards food, clothing, accommodation, bedding, and cleanliness. Many are received in a very deteriorated physical condition, and rapidly gain weight under their improved circumstances. A considerable amount of the mortality must be ascribed to the state in which the Patients are on admission; and it is worthy of notice that those who have been received from the ordinary Wards of Poor-Houses, frequently present the symptoms of an insufficient dietary.

The various "annexes" of the Asylum, namely, Gayfield House, and the Gate and other Cottages, were in a most satisfactory condition. They accommodate between thirty and forty Patients in a

home-like and comfortable manner.

Only one accident is recorded since last inspection. It was of a serious character, involving fracture of the ribs; but after a very careful investigation, both by the Superintendent and the Procurator-Fiscal, to whom, on the advice of the Board, it was reported, no certainty could be acquired as to the manner in which it happened.

JAMES COXE, Commissioner in Lunacy.

REPORT BY DR MITCHELL, COMMISSIONER IN LUNACY.

Royal Asylum, Montrose, 30th and 31st March, 1871.

There are 393 Patients at present in the Asylum. These consist of 179 Males and 214 Females. Since the last visit, 38 Patients

have been admitted, 41 have been discharged, and 8 died.

The admissions are made up of 7 Private and 31 Pauper Patients. None of the Paupers are chargeable to the Parishes of Dundee, or Liff and Benvie. Eight of the Patients admitted were below the age of 25, 17 below the age of 35, 21 below the age of 40, and 24 below the age of 45—so that the majority were in the prime of life; but, notwithstanding this, many of the Patients admitted appear to have been in a feeble and broken down state of health. In 26 of the 38 cases, the disease is stated to have been of less than a year's, and in some of less than a month's duration; but it is certain that this would convey an erroneous impression. For instance, a Patient labouring under mania, associated with epilepsy, may have been only five days ill in so far as regards the particular attack which led to removal to the Asylum, but the real duration of the insanity may have been one of many years. In other cases again, the information supplied to the Superintendent makes the commencement of the illness coincide with the commencement of pauperism. In fact, a large number of the Patients admitted, bring with them a very imperfect and often incorrect history of their illness.

Of the 41 Patients discharged, 18 were cured, and 16 were trans-

ferred to the Asylum or to the Poorhouses at Dundee.

The 8 deaths were caused by Phthisis, Heart Disease, Gangrene of the Lungs, Apoplexy, Disease of the Brain with Paralysis, Senile Decay, and Maniacal Exhaustion. A post mortem examination was made in every case, and the cause of death is given with as much precision as possible. The Patient who died of Gangrene of the Lungs was only about a month in the Institution, and was recognised to be in a very feeble condition when admitted. No death occurred between the 12th of January and the 28th of March.

Much attention continues to be paid to the amusement and occupation of the Patients. 28 Patients are on parole within or beyond the Grounds of the Asylum, and the peculiar tastes and habits of not a few are judiciously considered and gratified. 97 men, and 120 women are said to be industriously employed. It is believed that the result would be beneficial if the industrious could be made to feel that they were in some way directly rewarded. Exercise in the General Grounds or beyond them is taken by nearly all the Patients.

The use of seclusion or any form of restraint in the treatment or management of the Patients, continues to be found unnecessary; indeed, the Institution may be said to be almost wholly unprovided with the means of restraint.

Considerable changes have taken place in the direction of decorating the Wards, and the result, so far as it goes, is very satisfactory; but much remains to be done, and it is hoped that the efforts to give all the day-rooms and dormitories a clothed, cheerful, and home-like aspect, will be persistently continued.

All parts of the house were clean, well ventilated, and in excellent order. One hundred and twenty-seven males, and one hundred and eighteen females dined together during the visit, and partook, with

relish and in perfect tranquility, of an excellent dinner.

The impression conveyed by the inspection of the seperate establishment at Gayfield was, as usual, in every respect satisfactory and

pleasing.

It is thought that it would be an advantage to this Institution, if a fixed portion of the District were alloted to it, as was recommended in last report, and the matter is again brought under the notice of the Directors.

One accident is recorded since last visit. Ten attendants have left during the same period, and one has died. Nine left for no fault, and one because she was thought to be pregnant. These changes are numerous, though only one of them appears to have resulted from misconduct.

The cubic space of each apartment has been calculated, and recorded above the door.

The impression produced by the inspection was very favourable.

ARTHUR MITCHELL, Commissioner in Lunacy.

P.S.—The following extract, from the amusement book of the Asylum, shows the weekly amusements:—

Monday—Weekly Ball.

Tuesday—Lecture in Montrose. Wednesday—Concert and Ball.

Thursday—Evening Class. Friday—Lecture in Asylum.

Saturday—Singing Class and Diorama.

Concerts and Lectures are varied by Theatricals and Costume Balls.

A. M.